

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jens Storkel et al  
Serial No. : 10/564,508  
Filed : May 11, 2006

Art Unit : 3727  
Examiner : Marc Spisich  
Confirmation No.: 9353  
Notice of Allowance Date: June 16, 2010

Title : TOOTHBRUSH

**MAIL STOP ISSUE FEE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed June 16, 2010, enclosed is the completed issue fee transmittal form PTOL-85b. The fees are being paid concurrently herewith on the Electronic Filing System (EFS) by way of Deposit Account authorization.

Please apply any additional charges or credits to our Deposit Account No. 06-1050, referencing Attorney Docket No. 02894-0741US1.

Respectfully submitted,

Date: September 16, 2010

  
\_\_\_\_\_  
James W. Babineau  
Reg. No. 42,276

Customer Number 26161  
Fish & Richardson P.C.  
Telephone: (617) 542-5070  
Facsimile: (877) 769-7945

# **PART B – FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
(571) 273-2885**

or **Fax**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26161

7590

06/16/2010

**FISH & RICHARDSON P.C.  
P.O. Box 1022  
Minneapolis, MN 55440-1022**

APPLICATION NO. <b>10/564,508</b>	FILING DATE <b>05/11/2006</b>	FIRST NAMED INVENTOR <b>Jens Storck</b>	ATTORNEY DOCKET NO. <b>02894-0741/US</b>	CONFIRMATION NO. <b>9353</b>
TITLE OF INVENTION: <b>TOOTHBRUSH</b>				
APPLN. TYPE <b>nonprovisional</b>	SMALL ENTITY <b>NO</b>	ISSUE FEE <b>\$1510</b>	PUBLICATION FEE <b>\$300</b>	TOTAL FEE(S) DUE <b>\$1810</b>
EXAMINER <b>SPSICH, MARK</b>		ART UNIT <b>3727</b>	CLASS-SUBCLASS <b>015-167100</b>	

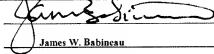
<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b></p>	<p>2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p> <p>1. <b>Fish &amp; Richardson P.C.</b></p> <p>2. _____</p> <p>3. _____</p>
<p>3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)</p> <p>PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.</p> <p>(A) NAME OF ASSIGNEE <b>Braun GmbH</b></p> <p>(B) RESIDENCE (CITY AND STATE OR COUNTRY) <b>Kronberg, Germany</b></p>	
<p>4a. The following fee(s) are enclosed:</p> <p><input checked="" type="checkbox"/> Issue Fee</p> <p><input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)</p> <p><input type="checkbox"/> Advance Order - # of Copies _____</p>	
<p>4b. Payment of Fee(s):</p> <p><input type="checkbox"/> A check in the amount of the fee(s) is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number <b>06-1050</b>, (enclose an extra copy of this form).</p>	

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered agent or, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

<p>(Authorized Signature) </p> <p>Typed or Printed Name <b>James W. Babineau</b></p>	<p>(Date) <b>September 16, 2010</b></p> <p>Registration No. <b>42,276</b></p>
---	---

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)